

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
P.O. #: _____
Terms: _____

BILL TO:

[Customer Name]
[Address]
[City, State, Zip]

SHIP TO:

[Shipping Destination]
[Address]
[City, State, Zip]

Part Number	Description / Package Type	Quantity	Unit Price	Total

Subtotal: \$0.00
Shipping: \$0.00
Tax: \$0.00
Amount Due: \$0.00

NOTES / ROHS COMPLIANCE:

All integrated circuits are handled in ESD-safe environments. Verification of authenticity certificates attached if requested. Please remit payment within terms.